

meets the needs of persons with serious and potentially disabling chronic illness. The medical discoveries of the 20th century have dramatically prolonged the life expectancy of persons with all types of chronic conditions. In the 21st century, our challenge is to reduce the progression of disability and to improve the functional status and quality of life of persons with chronic illness.

INVITATION FOR COMMENTS

Mr. Speaker, reforming our health care delivery system to improve the care of chronic illness is a complex and major undertaking. Therefore, I want to repeat my comments that I am introducing this bill today to solicit comments and ideas from across the Nation. Today's bill is just the first round in a major initiative to improve this part of our health care system. I look forward to additional ideas and suggestions.

Following is a section-by-section description of the proposal.

THE CHRONIC ILLNESS CARE IMPROVEMENT
ACT OF 2000 BILL SUMMARY

1. The bill charges a congressionally-appointed National Commission with development of a Medicare policy agenda that provides for an integrated, comprehensive continuum of care for serious and disabling chronic illness. Among its responsibilities, the National Commission on Improving Chronic Illness Care will:

Raise public awareness about how and why chronic illness care should be improved;

Investigate the barriers preventing integration of care for the chronically ill and establish baseline data for benchmarking future progress in reducing the prevalence of chronic conditions and healthcare costs;

Establish direction for integrating the delivery, administration and finances of chronic care services.

III. The bill lays the groundwork for a national program of coordination and integration of care for serious and disabling chronic illness through initiatives addressing:

Prevention of Disease and Progression of Disability: Preventive services under Medicare are expanded. Research is also expanded into risk factors associated with the progression of disability. A public awareness campaign on prevention of chronic illness is established and bonus payments are offered to reward plans and providers that meet targets for reducing disability.

National Targets for Improving Chronic Care: HHS will develop a national database for long-term planning and measurement of outcomes; will set national goals to reduce the prevalence of chronic illness; and will develop outcomes measures for analysis of long-term effectiveness of interventions that prevent chronic illness, complications and disability.

Coordination and integration of health services across different care settings: Common patient assessment instruments are developed to integrate care across settings. Medicare and Medicaid-services for dually eligible beneficiaries are coordinated by streamlining the processes of obtaining waivers and determining budget neutrality for these programs.

Adequate manpower, education and expertise in chronic illness: Expand training opportunities where shortages of physician's with chronic illness expertise exist and HHS-sponsored, Internet-based national resource centers are set up to serve chronic illness patients and providers.

Managed care bonus programs for excellence in integration of chronic illness care: Bonus payments are provided through Medi-

care for the development of comprehensive programs serving chronically ill beneficiaries. Specifically, disability prevention programs that achieve prevention goals, improve quality or perform research into delaying the progression of disability or preventing disease-related complications are funded.

Development of methods of cost assessment that make sense for long goals and outcomes: Methodologies to measure long range costs of comprehensive disease management programs that prevent chronic illness, delay disability, and prolong independence are developed and implemented by HHS.

III. The bill implements a nationally Phased-in program of comprehensive integration and coordination of care for serious and disabling chronic illness by:

Establishing-Prototype models for comprehensive disease management of two chronic illnesses, diabetes and Alzheimer's disease in 2003, that will be used as the basis for expanding in 2007 to other serious and disabling chronic illnesses, including hypertension, heart disease, asthma, arthritis, multiple sclerosis and Parkinson's disease.

These comprehensive disease management programs known as The National Initiative to Improve Chronic Illness Care include these key components: Best practices and evidence-based clinical guidelines, Interdisciplinary care, Case management, Disability prevention, Patient and caregiver education to foster self-management, Medication monitoring, Integrated administrative and financial services, Integrated information systems.

THE SCIENTIFIC CERTAINTY IN
SENTENCING ACT OF 2000

HON. F. JAMES SENSENBRENNER, JR.

OF WISCONSIN

IN THE HOUSE OF REPRESENTATIVES

Wednesday, July 26, 2000

Mr. SENSENBRENNER. Mr. Speaker, today I introduce the "Scientific Certainty in Sentencing Act of 2000." As the Chairman of the House Science Committee, I have had the opportunity to see first hand the amazing changes that take place each day in various fields throughout the science world. Advancements in DNA testing are no exception. Each advance brings a new degree of accuracy.

The legislation I am introducing today will allow convicted federal criminals the use of DNA testing. This would be allowed for those who did not have the opportunity to use DNA testing during trial or those who can show that a new technologically advanced DNA test would provide new evidence in their case.

Whether this new testing results in an exoneration, reduced sentence, or a reaffirmation of the conviction, we can all rest assured that the rule of law is upheld and that truth and justice have prevailed.

This legislation allows the great strides that have come, and will come, in the field of biological science to be utilized so that we may ensure that we are keeping the correct people behind bars. The bill is not a vehicle for frivolous appeals, but rather to allow all relevant facts to be shown in each case, which can only benefit all parties involved.

I encourage my colleagues to join me in promoting the use of the best technological

advances in regards to convicted federal criminals.

PERSONAL EXPLANATION

HON. JERRY WELLER

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, July 26, 2000

Mr. WELLER. Mr. Speaker, due to unavoidable circumstances, I was forced to take a medical leave of absence from the House of Representatives after 7:00 p.m. on July 20, 2000. I respectfully request that how I would have voted had I been able to be present for votes be submitted and accepted into the CONGRESSIONAL RECORD at an appropriate place as follows:

On Rollcall Vote 421, an amendment offered by Representative VITTER, Adding \$25 Million to the High Intensity Drug Trafficking Areas Program, had I been able to be present I would have voted aye.

On Rollcall Vote 422, an amendment offered by Representative DELAUNO to allow federal funds to pay for abortions under the Federal employee health benefit program by striking Section 509, had I been able to be present I would have voted no.

On Rollcall Vote 423, an amendment offered by Representative TOM DAVIS of Virginia to add a new section prohibiting funds from being used to carry out the amendments to the Federal Acquisition Regulation relating to responsibility considerations of Federal contractors and the allowability of certain contractor costs, had I been able to be present I would have voted aye.

On Rollcall Vote 424, an amendment offered by Representative RANGEL to add provisions to the bill prohibiting funds from being used to implement Public Law 104-114 which codifies the economic embargo of Cuba, as in effect on March 1, 1996, had I been able to be present, I would have voted no.

On Rollcall Vote 425, an amendment offered by Representative SANFORD to add provisions to the bill which prohibit the use of funds from being used to enforce part 515 of the Code of Federal Regulations (the Cuban Assets Control Regulations) with respect to any travel or travel related transaction, had I been able to be present, I would have voted aye.

On Rollcall Vote 426, an amendment offered by Representative MORAN of Kansas to prohibit funds in the bill from being used to implement any sanction imposed by the United States on the private commercial sale of medicine, food, or agricultural product to Cuba, had I been able to be present, I would have voted aye.

On Rollcall Vote 427, an amendment offered by Representative HOSTETTLER to prohibit the use of funds to enforce, implement, or administer the provisions of the settlement document dated March 17, 2000, between Smith and Wesson and the Department of the Treasury, had I been able to be present I would have voted aye.

On Rollcall Vote 428 for final Passage of the Fiscal Year 2001 Treasury Postal Appropriations, had I been able to be present I would have voted aye.